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PTO/SB/21 (08-03)


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| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 09/508,784 |
| | Filing Date | 08/01/2000 |
| | First Named Inventor | Glenn Rolus Borgward |
| | Art Unit | 2873 |
| | Examiner Name | Mengistu, Amare |
| | Attorney Docket Number | KGN0033 |
| Total Number of Pages in This Submission | | 5 |

| ENCLOSURES (Check all that apply) | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): -One reference |
| Remarks | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm or Individual name | IP Strategies Thomas M. Champagne | |
| Signature |  | |
| Date | 08/14/2006 | |

| CERTIFICATE OF TRANSMISSION/MAILING | | |
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| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | |
| Typed or printed name | Heather L. Pagella | |
| Signature |  | Date 09/14/2006 |

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| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005 | | Complete if Known Application Number 09/508,794 Filing Date 06/01/2000 First Named Inventor Glenn Rolus Borgward Examiner Name Mengistu, Amare Art Unit 2673 Attorney Docket No. KSN0033 | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | |
| TOTAL AMOUNT OF PAYMENT | (\$) | 180.00 | |

| | |
|---|--|
| METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>501998</u> Deposit Account Name: <u>IP Strategies</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments | |
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| FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
|--|-------------|-----------------------|-------------|-----------------------|------------------|--|--|
| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| 2. EXCESS CLAIM FEES | | | | | | | |
| Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims | | | | | | Fee (\$) 50 200 360 | Small Entity Fee (\$) 25 100 180 |
| Total Claims Extra Claims Fee (\$) Fee Paid (\$) | | | | | | Multiple Dependent Claims Fee (\$) Fee Paid (\$) | |
| HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) - 3 or HP = _____ x _____ = _____ | | | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____ | | | | | | | |
| 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): IDS fee _____ Fee Paid (\$) 180.00 | | | | | | | |

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| SUBMITTED BY Signature <u>Thomas M. Champagne</u> Registration No. 36,478 Telephone 628-253-8600 Name (Print/Type) Thomas M. Champagne Date 09/14/2006 | | |
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